

PART B - FEE(S) TRANSMITTAL



OCT 20 2005

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20349 7590 08/31/2005

POLAROID CORPORATION
PATENT DEPARTMENT
1265 MAIN STREET
WALTHAM, MA 02451

10/21/2005 DEMMANU2 00000040 162195 09817932

 01 FC:1501 1400.00 DA
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Gaetano D. Maccarone

(Depositor's name)

(Signature)

October 18, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/817,932	03/27/2001	Daniel P. Bybell	8480 (PMC)	3935

TITLE OF INVENTION: METHOD FOR GENERATING A HALFTONE OF A SOURCE IMAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, TOMMY D	2624	358-003060

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1 _____ 2 _____ 3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

POLAROID CORPORATION

Waltham, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 5

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 A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-2195 (enclose an extra copy of this form).

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 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date October 18, 2005

Typed or printed name Gaetano D. Maccarone

Registration No. 25,173

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